

Maria Contreras-Sweet, Secretary
Business, Transportation and Housing Agency



DEPARTMENT OF FINANCIAL INSTITUTIONS

**PERSONAL FINANCIAL STATEMENT FOR THE CONFIDENTIAL USE OF
THE COMMISSIONER OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA**

Name _____

Address _____

Business or Occupation _____

TO THE COMMISSIONER OF FINANCIAL INSTITUTIONS, STATE OF CALIFORNIA, SAN FRANCISCO,
CALIFORNIA 94111-5613

CONDITION ON _____ 19_____

ASSETS		DOLLARS	CENTS	LIABILITIES	DOLLARS	CENTS
CASH ON HAND				NOTES PAYABLE TO BANKS—UNSECURED		
CASH IN BANK						
NOTES RECEIVABLE—SECURED BY MORTGAGE						
NOTES RECEIVABLE—OTHERWISE SECURED				NOTES PAYABLE—OTHER THAN TO BANKS—UNSECURED		
NOTES RECEIVABLE—UNSECURED				NOTES PAYABLE WITH SECURITY OTHER THAN REAL ESTATE (ITEMIZE PAGE 2)		
ACCOUNTS RECEIVABLE—NOT DUE				ACCOUNTS PAYABLE		
ACCOUNTS RECEIVABLE—PAST DUE				LOANS ON LIFE INSURANCE		
U. S. GOVT. OBLIGATIONS				TAXES		
STOCKS, BONDS, AND OTHER INVESTMENTS (INCLUDE FUNDS IN BUILDING OR SAVINGS AND LOAN COMPANIES) (ITEMIZE PAGE 2)				MORTGAGES OR LIENS ON REAL ESTATE (ITEMIZE BELOW)		
				ANY OTHER INDEBTEDNESS—DUE WITHIN ONE YEAR		
CASH VALUE—LIFE INSURANCE						
REAL ESTATE (ITEMIZE BELOW)				ANY OTHER INDEBTEDNESS—DUE BEYOND ONE YEAR		
ANY OTHER ASSETS—ITEMIZE						
				TOTAL LIABILITIES		
				NET WORTH		
TOTAL				TOTAL		

SCHEDULE OF REAL ESTATE OWNED

DESCRIPTION AND LOCATION	TITLE IN WHOSE NAME	IMPROVED OR UNIMPROVED	APPRAISED VALUE	MORTGAGES	TAX VALUE	INSURANCE
			\$	\$	\$	\$
CONTINGENT LIABILITY OF ANY KIND (IF NONE, SO INDICATE)					DOLLARS	CENTS
UPON NOTES OR ACCOUNTS RECEIVABLE DISCOUNTED SOLD, OR ASSIGNED						
AS GUARANTOR FOR OTHERS ON NOTES, BONDS, CONTRACTS, ETC.						
ANY OTHER CONTINGENT LIABILITY—ITEMIZE						
TOTAL CONTINGENT LIABILITIES						

STOCKS, BONDS, AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

SCHEDULE OF LIABILITIES SECURED BY ASSETS OTHER THAN REAL ESTATE

NAME OF CREDITOR	AMOUNT	TYPE OF OBLIGATION	DESCRIPTION OF SECURITY	AMOUNT OF SECURITY
	\$			\$

STATEMENT OF NET WORTH AND INCOME AND EXPENSES

FOR THE PERIOD BEGINNING _____ 19 ____ AND ENDING _____

FILL IN DATES

20 ____



NET WORTH AT CLOSE OF PREVIOUS YEAR.....				\$		
ADD INCOME FOR PERIOD AS ABOVE FROM FOLLOWING SOURCES:						
SALARIES, WAGES, COMMISSIONS, FEES, ETC.	\$					
INCOME (OR LOSS) FROM BUSINESS OR PROFESSION						
INCOME (OR LOSS) FROM PARTNERSHIPS, SYNDICATES, POOLS, ETC.						
RENTS AND ROYALTIES.....						
PROFIT (OR LOSS) ON INVESTMENTS.....						
INCOME FROM INVESTMENTS.....						
OTHER INCOME-ITEMIZE.....						
TOTAL INCOME FOR PERIOD.....						
TOTAL				\$		
DEDUCT-EXPENSES PAID.....						
TAXES PAID-FEDERAL INCOME \$ _____ OTHER \$ _____	\$					
INTEREST PAID.....						
OTHER DEDUCTIONS-ITEMIZE.....						
TOTAL DEDUCTIONS FOR PERIOD.....						
NET WORTH AT CLOSE OF PERIOD (MUST AGREE WITH NET WORTH ON PAGE 1).....				\$		

ALL QUESTIONS SHOULD BE ANSWERED

LIST ASSETS, PLEDGED OR HYPOTHECATED OTHER THAN AS STATED ABOVE _____

ARE THERE ANY JUDGMENTS UNSATISFIED OR SUITS PENDING AGAINST YOU? _____ AMOUNT \$ _____

LIFE INSURANCE CARRIED \$ _____ CASH VALUE \$ _____

NAME OF BENEFICIARY _____

STATE MAXIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ _____ DATE _____

STATE MINIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR

\$ _____ DATE _____

The undersigned hereby certifies that the foregoing statement has been carefully read by the undersigned, that it is a true and correct statement of the undersigned's financial condition. This statement may be retained by the Commissioner of Financial Institutions, State of California, for confidential official use.

The foregoing is a statement of my financial condition on _____, 19____

Date signed _____

Sign here _____